

George Anderson

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7, 11

Age

75.4.26

Warfield

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Leucorrhoea of Liver

How long sick

4 months

Death

Immediate

General debility

Accident, Suicide, Homicide

Reported by

Dr. R. W. Smith

Address

Heure de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Ann Bosley*  
 Town *Norristown* County *Hartford* MARYLAND  
 Died at  
 Date 1902 *July 10* Y. *77* M. *77* D. Native of *Md.* Occupation *Housewife*  
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*

~~Husband~~ of *Joseph Bosley* 79  
 Father's Name *David Wiley* Mother's Maiden Name *Agnes Wiley*  
 Cause of Death { Primary *Heart Disease* How long sick *one year*  
 { Immediate *Pulmonary Oedema* Accident, Suicide, Homicide

Reported by

*Jas. S. Aplehurst M.D.*

Address

*Norristown Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Galberk Boughton

Town

County

Died at

The Rocks

Harford

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

Holey Brass

Susie Bowman  
 Died at Level Town Hayford County MARYLAND

Date 1902 7-23 Age 2- M. D. Native of Md Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of  
Wife

Father's Name Geo. Bowman Mother's Maiden Name Emma Gilbert

Cause of Death { Primary Gastro-Enteritis Immediate Convulsion 106  
 How long sick 2 weeks  
 Accident, Suicide, Homicide

Reported by J. L. Hopkins M.D.  
 Address Marie de Grace Md  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

*Alice Burkens*  
 Died at *Castleton* <sup>Town</sup> *Hartford* <sup>County</sup> MARYLAND

Date *1902* Month *7* Day *19* Age *2* Y. *2* M. *2* D. *11* Native of *U.S.* Occupation *Baby*  
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband  
 of

Father's Name *Amos Burkens* Mother's Name *Alice Burkens*

Cause of Death { Primary *Contused Abdomen by Horse* How long sick *14 hours*

Death { Immediate *Heart Failure* Accident ~~Suicide~~ ~~From car~~

Reported by *S M Rogan M.D.*

Address *Conowingo Md.* *166*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Bessie Teau Me

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7.28

Age

4.24

K de Sam

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Raymond Teau Me

Sassan Blackbe

Cause of

Primary

Morassmus

How long sick

One week

Death

Immediate

General debility

Accident, Suicide, Homicide

Reported by

R. H. Smith M.D.

Address

Kam de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858



Ada Carroll

Died at <sup>Town</sup> Keene de Grace <sup>County</sup> Worcester Co MARYLAND

Date 1902 <sup>Month</sup> 7 <sup>Day</sup> 18 <sup>Y.</sup> <sup>M.</sup> 4. <sup>D.</sup> 14 <sup>Native of</sup> Keene de Grace <sup>Occupation</sup> —

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
<sup>Female</sup> ~~Colored~~ <sup>Single</sup> ~~Widower~~ <sup>Number of children living</sup>

Husband of —

Wife of 105

Father's Name Raymond Carroll <sup>Mother's Maiden Name</sup> Susan Blackburn

Cause of <sup>Primary</sup> Morassmus <sup>How long sick</sup> From birth

Death <sup>Immediate</sup> General Weakness <sup>Accident, Suicide, Homicide</sup>

Reported by Dr R W Smith

Address Keene de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William S. Coale

Town

County

Died at

Bel Air

Harford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 28

Age

61

4

-

Harford

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Six

Husband of

Mary A. Coale

~~Wife~~

Father's

Name

Joseph R. Coale

Mother's

Maiden Name

Sarah Watson

Cause of

Primary

Chronic Nephritis 20

How long sick

Five days

Death

Immediate

Uræmic Poisoning

~~Accident, Suicide, Homicide~~

Reported by

William S. Archer

Address

Bel Air

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

*Effa Virginia Coupling*  
 Died at *Mulna* <sup>Town</sup> *Harford* <sup>County</sup> MARYLAND

Date 1902      Month 7      Day 15      Age Y. X      M. 4      D. 7      Native of *Harford*      Occupation —  
~~Male~~      ~~White~~      ~~Married~~      ~~Widow~~      ~~Divorced~~  
 Female      Colored      ~~Single~~      ~~Widower~~      ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

*one week*

Accident, Suicide, Homicide

Reported by

Address

*Charles Bagley M.D.*  
*Bagley Md*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1902

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widowed

Divorced

Single

Widower

Number of children living

4

MARYLAND

of

Name

Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Address



Name in Full

Certificate of Death

*Marshall Leroy*  
 Died at *Wheaton* Town *Harpur* County *MARYLAND*

Date 1902 *7* Month *8* Day *1* Y. *2* M. *22* D. *Maryland* Native of *—* Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's Name *James Leroy* Mother's Maiden Name *Janie Coale*

Cause of Death *Deutition* *71* How long sick *2 weeks*  
*Immediate Convulsions.* Accident, Suicide, Homicide

Reported by *F. P. Smithson M. D.*

Address *Forest Hill Md*

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Cornelius Curtis

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902 July 2<sup>d</sup> Age 99 St. Maris Co. Laborer

Male

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living 6

Husband

of

~~Wife~~

Father's

Mother's

Name

Name

Cause of

Primary

Old age -

How long sick

154 a year

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

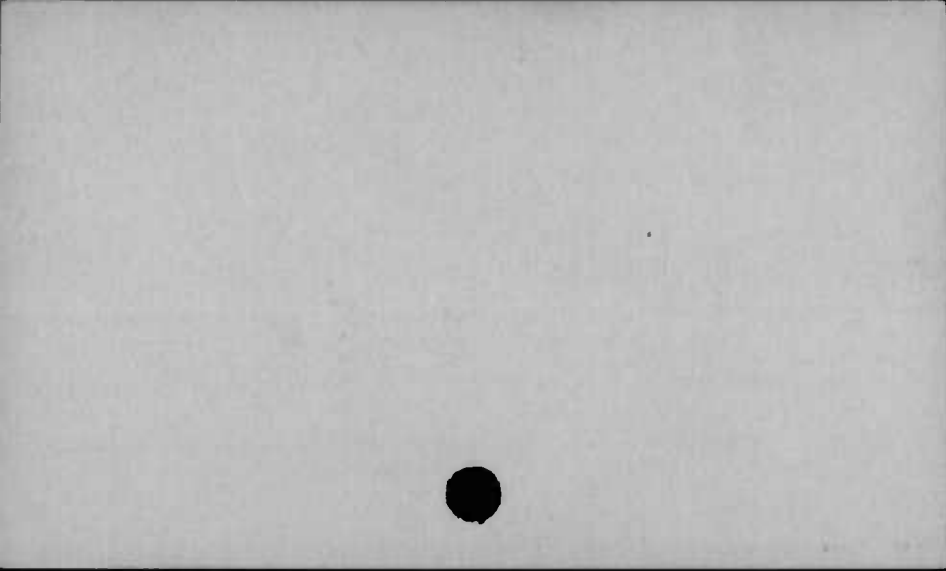
Reported by

A. F. Vant Bibber, M.D.

Address

Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Charles Dolan

Died at *Berkley* Town *Harford* County MARYLAND

Date 1902 *July* Month *22* Day *68* Age Y. M. D. *Ireland* Native of *Ditcher* Occupation  
 Male *White* ~~Married~~ *Widow* ~~Divorced~~  
 Female *Colored* Single *Widower* Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Maiden Name

Cause of { Primary *Cancer*  
 Death { Immediate *Exhaustion*

45

How long sick

*2 years*~~Accident, Suicide, Homicide~~

Reported by

*Ophelia Hopkins M.D.*  
*Darlington*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mabel Maria Dolan

Town

County

Died at

MARYLAND

Died at Bel Air Harford  
 Date 1902 July 26 3 12 Harford Co.  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

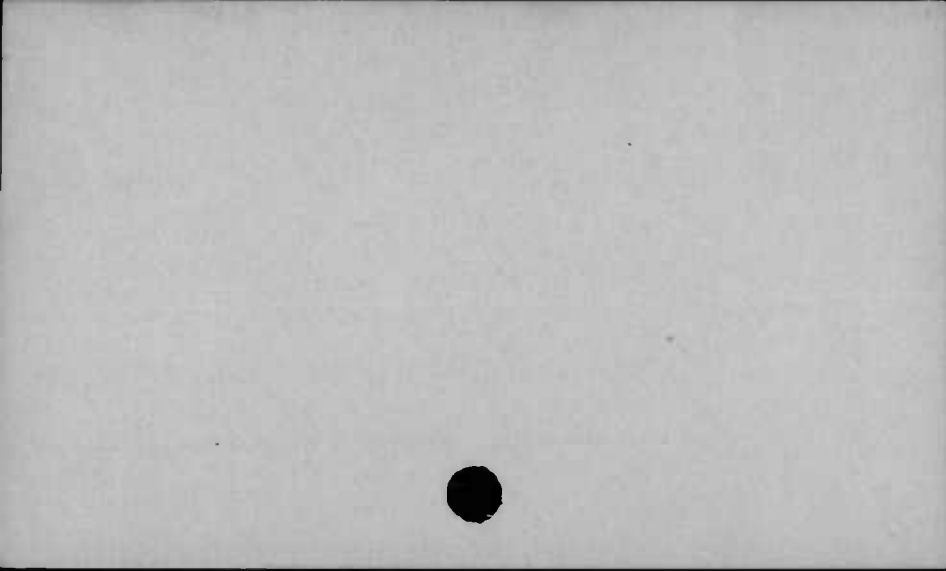
Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emma P. Gallion

Town

County

Died at

Level

Harford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 17

Age

32

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

William Rice Gallion

Mother's

Name

Elizabeth Gallion

Cause of

Primary

Tuberculosis lungs

How long sick

3 yrs.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Jno Sappington M.D.  
Darlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Mrs. Emma Gibson

Town

County

Died at

MARYLAND

Died at Madonna Frederick MARYLAND  
 Month Day Y. M. D. Native of Occupation  
 Date 1902 July 3 Age 75 Frederick House Keeping  
~~Male~~ White Married Widow Divorced no  
Female Colored Single Widower Number of children living two

Husband of A. N. Gibson, Madonna, Md.  
 Wife Emma Gibson  
 Father's Name Emma Gibson Mother's Name Emma Gibson

Cause of Primary How long sick 179  
 Death Immediate Heart Failure 179 Accident, Suicide, Homicide

Reported by J. J. Turner, Md.

Address Black Horse Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Not named

Died at Forest Hill <sup>Town</sup> Harford <sup>County</sup> **MARYLAND**

Date 1902 <sup>Month</sup> 7 <sup>Day</sup> 4 <sup>Y.</sup> 2 <sup>M.</sup> 2 <sup>D.</sup> — <sup>Native of</sup> Maryland <sup>Occupation</sup> —

Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full Elijah Hagen  
 Died at Muttonsbury Harford County MARYLAND  
 Date 1902 July 19 Month July Day 19 Y. 70 M. — D. — Native of M'd Occupation Servant  
~~Male~~ ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living 2

Husband Elisha Hagen  
 Wife —  
 Father's Name — Mother's Name —

Cause of Death { Primary Pneumonia 93 How long sick 2 months  
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by Eph<sup>m</sup> Hopkins M.D.  
 Address Darlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1841-1842



Died at *Hopkins* Town *Cambria* County *Harford Co* MARYLAND  
 Date 19*02* Month *7* Day *24* Y. *Y.* M. *M.* D. *D.* Native of \_\_\_\_\_ Occupation \_\_\_\_\_  
 Age *6*  
 Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living \_\_\_\_\_

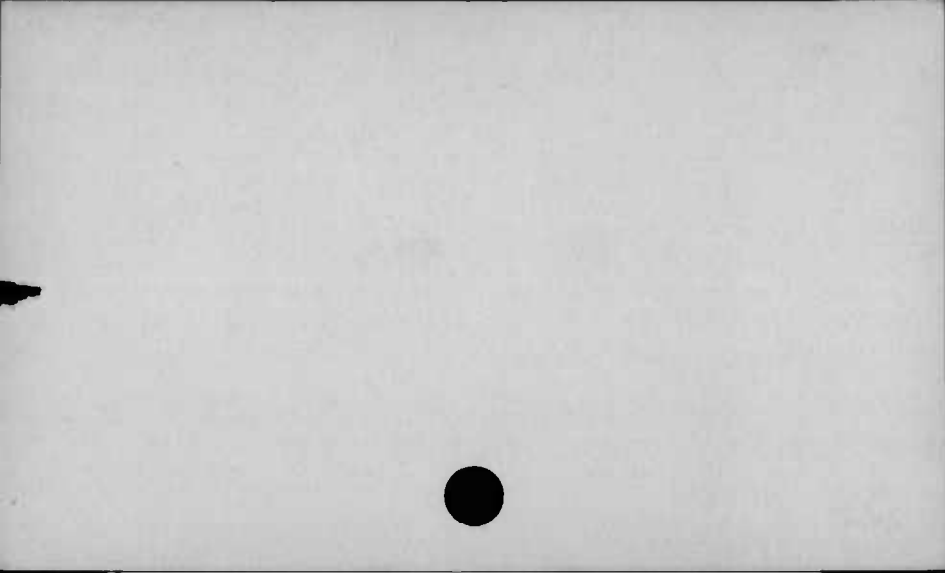
Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name *George Hopkins* Mother's Name \_\_\_\_\_  
 Maiden Name \_\_\_\_\_

Cause of Death { Primary *Measles* Complaint *105*  
 Immediate \_\_\_\_\_  
 How long sick *2 weeks*  
 Accident, Suicide, Homicide \_\_\_\_\_

Reported by *A. Steward M.D.*

Address *Delta Pa.*



Name In Full

Certificate of Death

Matilda Huchner

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

12

June 20

Age

65

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Common of Stomach

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr F H Arthur

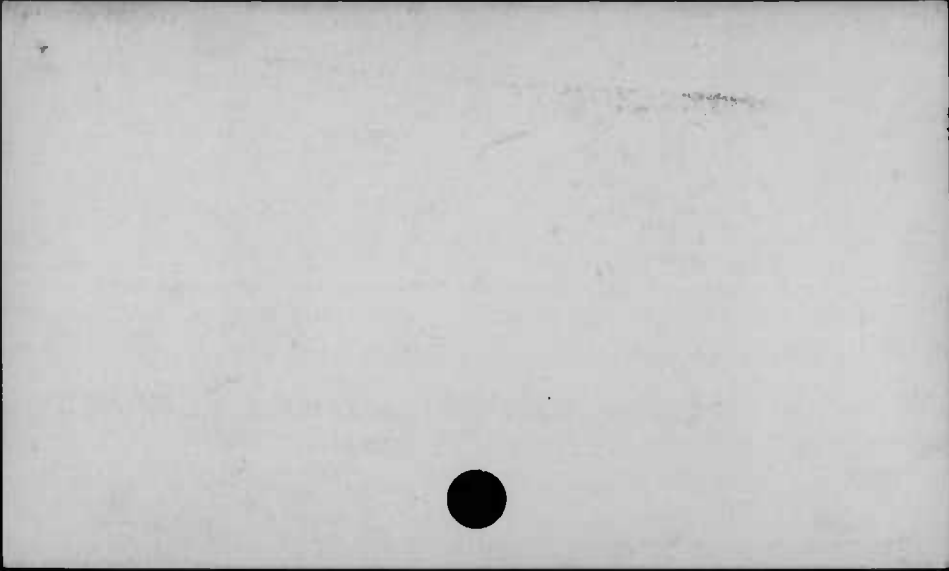
Address

St Louis Mo

40

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78498





Name In Full

Certificate of Death

Susanna Baldwin Jones,  
 Town County  
 Died at Harre de Grace, Harford MARYLAND  
 Date 1902 July 29 Y. M. D. Native of Harford Co Occupation Wife  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 3

Husband of James W. Jones  
 Wife  
 Father's Name John B. Botte Mother's Name Susan Barnard  
 Maiden Name

Cause of Death { Primary Secondary  
 Immediate  
 How long sick 3 yrs.  
 Accident, Suicide, Homicide

Reported by A. C. Croshaw

Address Harre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Daniel Love

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Prospect

Harford

Age

46

Harford Co

Miller

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

2 wks

Death

Immediate

Apoplexy.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893



Name in Full

Certificate of Death

Sallie Elizabeth Lovett

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1902

7 22

Age 69

Mn

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

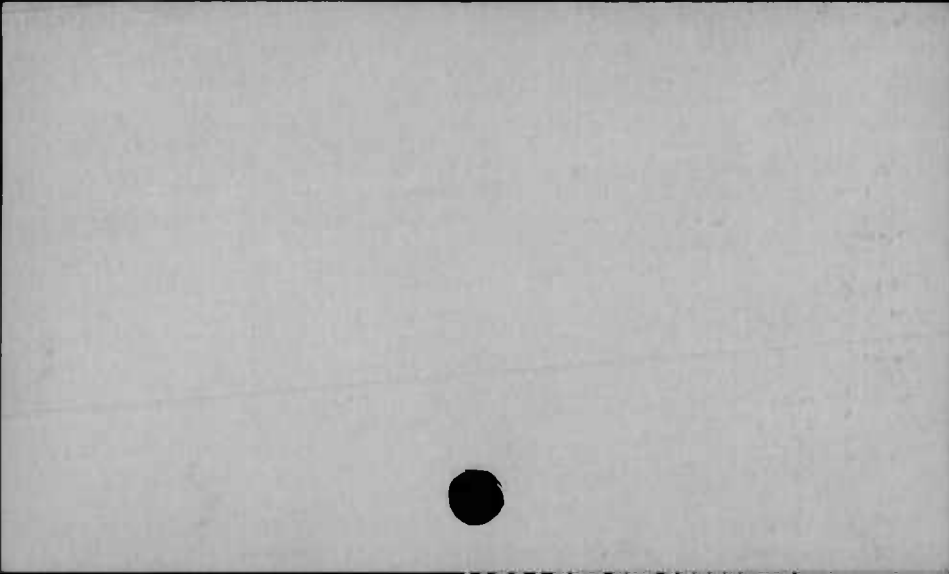
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F&amp;ER



*Alexa McLain*

Town

County

Died at

*Orville**Baltimore*

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July

1-

Age

56-30

Md

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

2

Husband

of

Wife

*Georgiana McLain*

Father's

Mother's

Name

Maiden Name

Cause of

Primary

*Consumption*

How long sick

*Two Years -*

Death

Immediate

*Heart Failure*

Accident, Suicide, Homicide

Reported by

*J. F. H. Arthur - 2*

Address

*Street Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

John H. Pitt  
 Died at Perryman County Maryland  
 Date 1907 Month 7 Day 17 Age 66  
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widower ~~Divorced~~  
 Occupation Laborer  
 Number of children living 3

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

one year

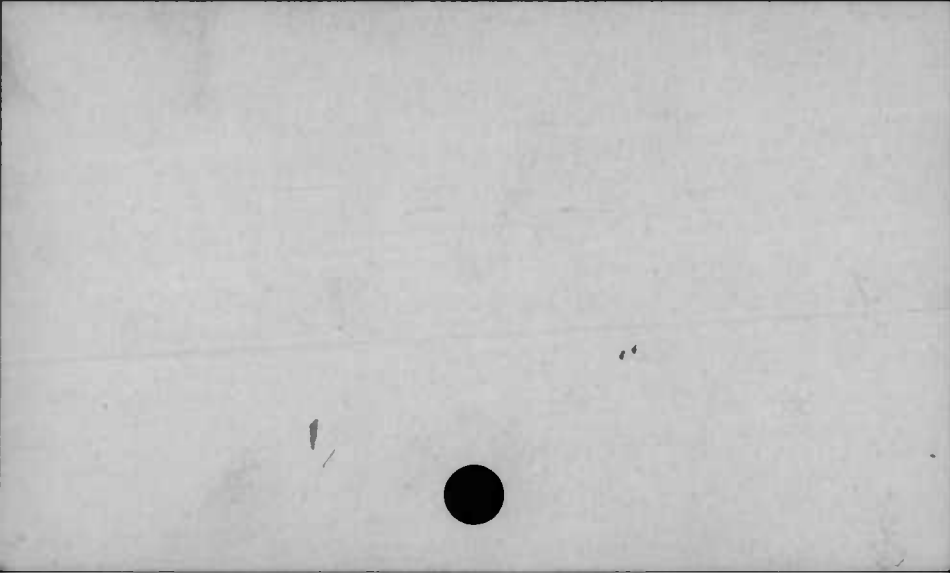
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

*James Henry Preston*  
 Died at *Magnolia* *Harford* *MARYLAND*  
 Town County

Date 1902 *7* *30* Age *29* Native of *Harford Co* Occupation *Labourer*  
 Month Day Y. M. D.  
 Male White Married ~~Widow~~ Divorced  
 Female Colored Single Widower Number of children living *1*

Husband of *Bessie Preston*  
 Wife

Father's Name *John Henry Preston* Mother's Maiden Name *1*

Cause of Death Primary *Typhoid fever* How long sick *16 days*  
 Immediate *Rupture of Intestines* Accident, Suicide, Homicide

Reported by *Chas E Roth M D*

Address *Essex St*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name in Full

Certificate of Death

Edna Ramplery

Town

County

Died at

Pylesville Harford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Name

Cause of

Primary

Immediate

Death

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Highland

Name in Full

Certificate of Death

Theodor M. Ritchey Jr.

Died at

1902

Date

Male

Husband

of

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Shurs Landing Harford

MARYLAND

Month

Day

Y.

M.

Native of

Occupation

July 26, Age 29 11 30

Md.

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Anna Smith

Theodore M Ritchey

Mother's

Name

Mary E. Clarke.

How long sick

Primary

Immediate

Drowning

Accident, ~~Suicide~~ Homicide

M. B. Thirk

Wilmington Md.





Name In Full

Certificate of Death

Patrick Henry Rutledge

Town

County

MARYLAND

Died at

Rutledge Annapolis

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Jan 31

Age

72 5' 14"

Harford

Sawyer

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

J. W. Rutledge

Mother's

Maiden Name

Julia A. Ward

Cause of

Primary

Tuberculosis

How long sick

18 months

Death

Immediate

Dry rot

Accident, Suicide, Homicide

Reported by

Chas A. Rutledge M.D.

Address

Rutledge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79839



Augustus Smith

Died at <sup>Town</sup> near Guilford <sup>County</sup> Guilford MARYLAND

Date 1902, 7, 28 Age 45 Native of Maryland Occupation Farmer

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒  
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living ☒

Husband of

Wife

Father's Name Thomas Smith Mother's Name Elizabeth Volley

Cause of Death Primary Pulmonary Tuberculosis How long sick 5 or 6 yrs

Death Immediate Heart Weakness Accident, Suicide, Homicide

Reported by

Dr. R. H. Smith

Address

Home on Broad Way

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*R. Jane Smith*  
 Town *Aberdeen* County *Harford* MARYLAND

Died at

Date 19

Month Day

Y. M. D.

Native of

Occupation

*July 27*Age *70* — —*Harford Town work*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

*4*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Nephritis*

How long sick

*7 mos.*

Death

Immediate

*Exhaustion*~~Accident, Suicide, Homicide~~

Reported by

*Chas. H. Kriete*

Address

*Aberdeen**Mr. Pittman sub by*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76806



Name in Full

Certificate of Death

Samuel R. Swann

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 31

Age

63

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

1 yr.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808





A. W. Turner

Town

County

Died at

Hare-de-Grace Hayford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 5<sup>th</sup>

Age

28

Hayford

Wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Byard Turner

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Dysentery

14

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. C. Crothers

Address

Hare-de-Grace Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Willmer

Died at Alingdon Town Harford County MARYLAND

Date 1902 July 30 <sup>1/2</sup> Y. 4 M. 1 D. 1 Native of Ill Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Isaac W.

Mother's

Name

Ida Brown

Cause of Death { Primary Malaria How long sick Three days

Immediate Protracted chill + Accident, Suicide, Homicide

Reported by

Dr. Oppermann

Address

Alingdon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900

1870

1871

1872

1873

1874

1875

1876

1877

1878

1879

1880

1881

1882

1883

1884

1885

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alma Wonderis

Town

County

MARYLAND

Died at

Achy

Hartford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July

01

Age

65

-

-

md

House Wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Two

Husband

George Wonderis -

Wife

Father's

Mother's

Name

Wm. Boer -

Maiden Name

Cause of

Primary

Cancer Stomach

How long sick

Six months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Dr. F. H. Arthur

Address

Hartford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

